

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

Full Legal Name of Service Provider: MOUNT SINAI MEDICAL CENTER

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): \_\_\_\_\_

Address of Service Provider: 4300 Alton Road., Miami Beach, Florida 33140

Name of Agent Designated to Receive  
Notification of Claimed Infringement: GENERAL COUNSEL

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

4300 Alton Road, Miami Beach, Florida 33140

Telephone Number of Designated Agent: (305) 674-2121

Facsimile Number of Designated Agent: (305) 674-2007

Email Address of Designated Agent: ajaffee@msmc.com

Signature of Officer or Representative of the Designating Service Provider: \_\_\_\_\_

Date: April 24, 2009

Typed or Printed Name and Title: Arnold Jaffee, General Counsel

**SCANNED 05 19 - 20 09**

**Note: This Interim Designation Must be Accompanied by a \$80 Filing Fee  
Made Payable to the Register of Copyrights.**

Mail the form to:

Copyright GC/I&R  
P.O. Box 70400  
Washington, DC 2002



**RECEIVED**

MAY 04 2009  
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